

ATLANTA POLICE DEPARTMENT
Mobile License Plate Reading System

**Incident
Number:**

Date:

Location of Recovery
with GCIC confirmed Hit

or

**Sighting without vehicle
recovery**

with GCIC confirmed Hit

Address # and Street Name	Type	Quad	Intersecting Street Name and Type	Beat

**Stolen Vehicle from
Atlanta?**

Ye
s

No

Other agency name and Report Number

Arrest

Yes <input type="checkbox"/>	Name			Race	Sex	DOB
Driver?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
No <input type="checkbox"/>						

**Please list any additional passenger, suspects, or arrestees in the information
section below.**

--	--	--	--

Officer' Name (print)

Unit

**ID
number**

Date

--	--	--	--

Officer Signature	Date	Supervisor Signature	Date
--------------------------	-------------	-----------------------------	-------------

Fax to Crime Analysis 404-853-7602
Forward Original to Central Records